

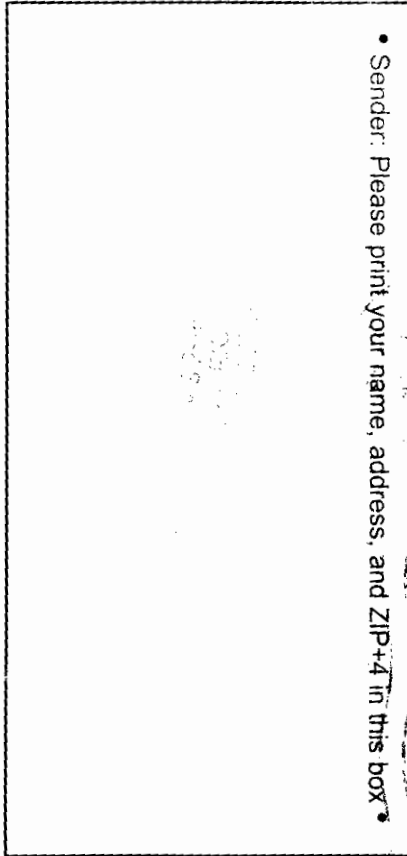
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:</p> <p><i>Cathryn Neaves, ESQ.</i> <i>Assistant Attorney General</i> <i>One Ashburton Place</i> <i>Boston MA 02108</i></p>		<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p><i>JUN 2 2005</i></p>	
<p>C. Signature</p> <p><i>X</i></p>		<p><input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p>	
<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>Article Number (Copy from service label)</p>			
<p>PS Form 3811, July 1999</p>		<p>Domestic Return Receipt</p>	
		<p>102595-00-M-0952</p>	

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •



OSCV 10618-RECL (Consulveo)